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Bib Data Sheet

CONFIRMATION NO. 9161

<b>SERIAL NUMBER</b> 10/573,989	<b>FILING OR 371(c) DATE</b> 03/30/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 2335.0140000/SRL/KPQ	
<b>APPLICANTS</b> Heinz Von Der Kammer, Hamburg, GERMANY; Johannes Pohlner, Hamburg, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/52353 09/29/2004 which claims benefit of 60/506,775 09/30/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/29/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 26111					
<b>TITLE</b> Diagnostic and therapeutic use of a sulfotransferase for neurodegenerative diseases					
<b>FILING FEE RECEIVED</b> 2400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>APPLICANTS</b> Heinz Von Der Kammer, Hamburg, GERMANY; Johannes Pohlner, Hamburg, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/52353 09/29/2004, which claims benefit of 60/506,775 09/30/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 26694					
<b>TITLE</b> Diagnostic and therapeutic use of a sulfotransferase for neurodegenerative diseases					
<b>FILING FEE RECEIVED</b> 2400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		